

Senate Bill (SB) 553
Working Group on the Implementation Planning for the Incorporation of Nursing and Choices for Independence Waiver Services in the NH Medicaid Care Management Program

Public Working Session

July 13, 2016
2:00 p.m. – 4:00 p.m.
Legislative Office Building Room 206-208
Concord NH

Welcome/Introductions

Commissioner Jeffrey Meyers welcomed the group. He reviewed the legislative requirements in SB 553, “relative to the implementation of the Medicaid managed care program,” that provides for a public mechanism for the community at large represented by stakeholders to consult on the development of a plan to incorporate Choices for Independence (CFI) and nursing home services into the Medicaid Care Management program. SB 553 lists various stakeholders who the legislature expects to be part of this planning process. Additional representatives may be added to the working group including families and individuals served by the program. Commissioner Meyers noted that he wants to hear stakeholders’ expectations on how to approach this task.

Discussion

A master SB 553 working group membership list will be developed. There is no formal voting mechanism. The purpose of the group is to provide those impacted by this program to come together to assist DHHS in designing the program. This must be a collaborative process with meaningful input from everyone. As the work progresses, subgroups may be formed.

There is a legislative mandate to incorporate CFI and nursing, as well as other waived services into Medicaid managed care. The Department’s task is to develop a plan to be carried out in stages. CFI and nursing services will be incorporated first followed by a plan for other waived services.

Commissioner Meyers suggests reviewing a plan for CFI as a starting point followed by nursing home services. A detailed outline for a plan will be developed. Upon completion of this group’s work, public hearings will be held for public comment.

The working group’s next meeting will be held in August followed by twice monthly meetings to focus on the work to be completed.

Stakeholder Comments

LisaBritt Solsky, Well Sense: stated that Well Sense is eager to start this work and that without this roadmap, we cannot fulfill the promise of managed care and what that entails. Now is an appropriate time to start with whole person management.

Karen Kimball, New Hampshire Healthy Families: sees this as a wonderful opportunity to collaborate and build this product together. People will benefit the most from whole person management.

Gary Cahoon, NH ARCH (representing assisted residential care homes): stated that contracting with the MCOs for the residential care sector creates an unequal playing field. Rather than negotiating as part of a group, his facility must negotiate rates independently. Current Medicaid rates should be respected, any willing provider should be able to participate, resident choice and continuity of care should be maintained. The addition of MCOs (along with CMS and the State of NH) into the oversight of assisted living services will create a deterrent for CFI providers.

Erin Hall, Brain Injury Association: This is an opportunity to open up dialogue and influence the design of a model. The unknown creates fears on the part of consumers, so with the opportunity for input, those concerns can be put on the table and we can address those fears as we develop a plan. As a parent sitting through many meetings, she is cautious, yet optimistic that this group can work more collaboratively.

Mike Lehrman, Catholic Charities: From the nursing home perspective, has concerns that managed Medicaid does not have a long or deep history and that no models that have been adopted in other states. He has concerns about the impact on caregivers and how they interface. The reimbursement system is fragile and complex and will have a very serious impact.

George Maglaras, NH Association of Counties: From the perspective of a county commissioner, NH has an opportunity to advance care for the people of NH. NH is unique in terms of how the state funds nursing services. He has looked at other reimbursement methodologies and is interested in looking at payment reform as part of this planning process.

Doug McNutt, MCM Commission: The Commission has developed recommendations and principles that he offered to bring to this group.

Rep. Charles McMahon, NH House of Representatives. Expressed concerns about approval by the federal government (CMS) prior to implementation of Step 2 waived services and rates. Commissioner Meyers stated that he does not view CMS as an impediment to the planning process. He added that SB 553 requires the Department to submit, no later than August 1st, all proposed changes to state law that are necessary to incorporate nursing and waiver services into managed care. Draft legislation will be prepared with what needs to be changed. It will be published by August 1st and reviewed at the Work Group's August meeting.

Gina Balkus, Home Care Association of NH: The goal of CFI is to keep clients safe at home. She hopes that patients will receive services in a timely way, that providers will not have new administrative burdens, and that rates will be aligned. We need to be sure enrollment process is easy to understand and seamless.

Lisa Perales, CFI ICM: She is excited to establish infrastructure and the mutual learning with this opportunity for stakeholders.

Michelle Winchester, MCAC: Hopes that answers to questions that MCAC has had will be answered. Hopes to flesh out what managed care, case management, and care coordination mean. A lot of “managing” is already going on so she wants to understand how things will change going into an MCO arrangement, and what is our ultimate goal. Hopes to still have medical home of importance.

Clyde Terry, GSIL: Commented that this is a hybrid of acute care and long term support (LTS) services. LTS services are different from acute care. It’s important to recognize that Step 2 changes will be costly and painful. A set of principles is important. Does not feel institutional carve outs is a good plan.

One Sky Community. Happy to see parents in this working group; feels that they live the life. There are ten area agencies, and she has a personal relationship with the area agency, and is petrified that the agency will no longer be there. Wants to be sure that the personalization area agencies provide does not go away. She advocates for keeping the area agencies. Views this group as educational. Within this framework, what ability do we have for provider grievance? How will the reimbursement systems work? Effective implementation depends on how we handle provider grievance.

Closing/Next Steps

The next meeting will be scheduled in August. Presentations will be made by Michelle Winchester, MCAC; Doug McNutt, MCM Commission; and Denise Colby, Developmental Services Quality Council. Public notice of the date, time and location of the August meeting will be forthcoming.

Commissioner Meyers also noted that he will review the Department’s recommendation for proposed changes to state law that may be necessary for the incorporation of nursing and waiver services into managed care.